

ASTHMA VISIT IN 15 MINUTES

- At Check-in**
- Asthma intake form* that asks about: frequency of rescue medication use, limitations of activities, frequency of day/nighttime symptoms, and asthma ED/hospitalizations
 - [Assess asthma control: Asthma Control Test \(ACT\)™](#)
 - As available: spirometry, FeNo, peak flow

*Find form templates and other resources at GetAsthmaHelp.org/15

